

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Portland Community College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: P.O. Box 19000, Portland OR 97280-0990

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Leslie Riester

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Director of Instructional Technology & Learning Resources, Sylvania LRC 202,
12000 SW 49th Ave., Portland OR 97219

Telephone Number of Designated Agent: (503) 977-4497

Facsimile Number of Designated Agent: (503) 977-4977

Email Address of Designated Agent: lriester@pcc.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/21/99

Typed or Printed Name and Title: LT. Daniel Moriarty, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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